



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/814,379
Applicant : Ronna Stockard
Filed : March 31, 2004
Title : Infant-Supporting Privacy Nursing Apron
TC/A.U. : 3765
Examiner : Vanatta, Amy B.
Docket No. : 57296

AMENDMENT

Mail Stop: **Amendment**
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

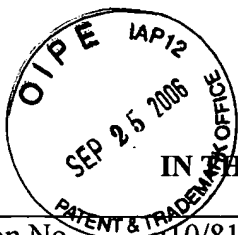
S I R:

Responsive to the Office Action mailed **June 22, 2006**, please make the following amendments.

Amendments to the claims begin on page **2** of this paper.

Amendments to the specification begin on page **5** of this paper.

Remarks/Arguments begin on page **6** of this paper.



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Application No.	:10/814,379	TC/A.U.	:3765
Applicant	:Ronna Stockard	Examiner	:Vanatta, Amy B.
Filed	:March 31, 2004		
Title	: INFANT-SUPPORTING PRIVACY NURSING APRON		

AMENDMENT FEE TRANSMITTAL

Mail Stop: **AMENDMENT**
Commissioner of Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is a communication/response in the above-identified application.

☐ Small entity status of this application under 37 C.F.R. 1.27 has been previously established (**by a verified statement previously submitted**).

☒ Small entity status under 37 C.F.R. 1.27 is hereby claimed.

☒ Also enclosed is/are: Amendment; Certificate of Mailing; Cover Letter

☐ Other:

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Prev. Paid For	Extra Claims	Small Entity	Lg. Entity
Total Claims	7 -	20 ¹	=0 ³	X \$25.00	X \$50.00
Independent Claims	2 -	3 ²	= 0 ³	X \$100.00	X \$200.00
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$180.00	+ \$360.00
TOTAL					

1 If less than 20 enter 20

2 If less than 3 enter 3

3 If less than 0 enter 0

☒ No additional fee is required for the amendment/response.

☐ A check in the amount of \$_____ to cover the filing fee is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of \$_____. A duplicate copy of this sheet is attached.

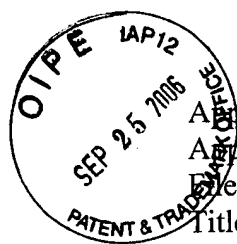
☐ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17, or credit any overpayment, to Deposit Account No. _____. A duplicate copy of this sheet is attached.

Respectfully submitted,

Dennis H. Lambert
Registration No. 25,017

Dated: September 20, 2006
Dennis H. Lambert & Associates
7000 View Park Drive
Burke, Virginia 22015
Tel: 703-451-1227/Fax: 703-451-1297

LFW



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CERTIFICATE OF MAILING

Mail Stop: **Amendment**
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

I, Christine Lambert, hereby certify that the attached documents hereto: **Amendment Transmittal; Amendment (10 pp.)**;; along with a first-class postage prepaid return receipt card, are being deposited today, **September 21, 2006**, with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to:

Mail Stop: **AMENDMENT**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Christine Lambert
Christine A. Lambert

September 21, 2006
Date

DHL:cal

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